

1996 IIII 020 003

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Diane Hotchkiss

REINSTATEMENT CONSENT ORDER

WHEREAS, Diane Hotchkiss of Oxford, Connecticut (hereinafter "respondent") has been issued license number 039537 to practice as a hairdresser and cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on February 28, 1995, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from February 28, 1995 until the present, she practiced hairdressing and cosmetology during which time her license has lapsed.
2. That conduct described in paragraph 1 above constitutes grounds for denial of respondent's application for reinstatement pursuant to Section 19a-14(a)(6).

NOW THEREFORE, pursuant to Section 19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That she waives her right to a hearing on the merits of this matter.
2. That her license to practice hairdressing and cosmetology shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 387 of the Connecticut General Statutes and Sections 19a-14-1 to 19a-14-5 of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. That she shall pay a civil penalty of fifty dollars (\$50.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Reinstatement Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Division of Health Systems Regulation of the Department.
8. That she understands this Reinstatement Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Department of Public Health in which (1) her compliance with this Reinstatement

Consent Order is at issue, or (2) her compliance with Section 20-263 of the Connecticut General Statutes as amended, is at issue.

9. That this Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or the United States.
10. That this Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That she has a right to consult with an attorney prior to signing this document.
13. That this Reinstatement Consent Order is a matter of public record.

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I, Diane Hotchkiss, have read the above Reinstatement Consent Order, and I agree to terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Diane Hotchkiss
Diane Hotchkiss

Subscribed and sworn before me this 23rd day of Oct, 1996.

Mary Jagaitz-Duhaloz
Notary Public or person authorized by
law to administer an oath or affirmation.
my commission expires 12/31/97

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on 30 day of October, 1996, is hereby ordered and accepted.

Cynthia Denne (xx)
Cynthia Denne, Director
Division of Health Systems Regulation



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
Z 015 243 516

November 1, 1996

Diane ~~Hotchkiss~~
7 Winesap Drive
Oxford, Connecticut 06478

Dear Ms. Hotchkiss:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for the reinstatement of licensure as a hairdresser/cosmetologist in the State of Connecticut.

Connecticut license number 039537 has been reissued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being reinstated. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.



Phone: (860) 509-7569

Telephone Device for the Deaf (860) 509-7191

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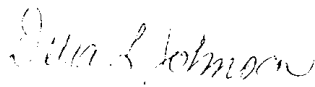
November 1, 1996

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Failure to renew you license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debra L. Johnson".

Debra L. Johnson
Health Program Associate
Applications and Examinations

cc: Debra Tomassone, HSS,L&R
Kay Zarrella, SNC
Stanley Peck, Director, Legal Office

Petition Number 96III-020-003